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APR 28 2006

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FAX COVER SHEET

DATE: April 23, 2006
FAX #: 1-571-273-8300, Art Unit - 3651
TO: Examiner - Timothy R. Waggoner
FROM: Eileen Lewis, Assistant to Michael Starkweather
RE: Response to Office Action due on May 1, 2006

Number of Pages including cover page: 10

Docket No. 3088.2.1 NP
Client Brad Wood
Serial No. 10/763,132 Filing Date January 22, 2004
Assignee/Mark _____
Date Faxed April 28, 2006

Please acknowledge receipt of:


- ☐ Amendment
- ☐ Application _____ Pages
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- ☐ Maintenance Fee Transmittal _____ Year
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- ☐ Response to Restriction Requirement - _____ Pages
- ☐ Extension of Time Petition _____ Months
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- ☐ _____
- ☐ _____
- ☐ ATTORNEY: MWS - 34,441

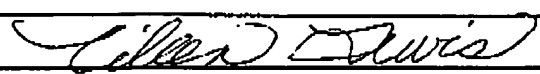
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10763,132	RECEIVED CENTRAL FAX CENTER APR 28 2006
	Filing Date	January 22, 2004	
	First Named Inventor	Brad Wood	
	Art Unit	3651	
	Examiner Name	Timothy R. Waggoner	
Total Number of Pages in This Submission	10	Attorney Docket Number	3088.2.1 NP

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.62 or 1.63	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<div style="border: 1px solid black; height: 40px; width: 100%;"></div>		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Starkweather & Associates / Cust. # 48309	
Signature		
Printed name	Michael W. Starkweather	
Date	April 28, 2006	Reg. No. 34,441

CERTIFICATE OF TRANSMISSION/MAILING	
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Signature	
Typed or printed name	Eileen Lewis
Date	April 28, 2006

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**RECEIVED
CENTRAL FAX CENTER****APR 28 2006****PATENT APPLICATION
Docket No.: 3088.2.1 NP****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant(s):	Wood, Brad	
App. No.:	10/763,132	Art Unit: 3651
Filing Date:	22 January 2004	Examiner: Waggoner, Timothy R.
For:	APPARATUS, SYSTEM, AND METHOD FOR A MEDICATION ACCESS CONTROL DEVICE	

RESPONSE TO OFFICE ACTION

**Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450**

Sir:

**In response to the Examining Authorities Written Action, mailed 1 February
2006, applicant respectfully submits the following amendments and remarks.**